

Report of Lobbying Firm - Form 625

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625
1990

REPORT COVERS PERIOD FROM 01-01-2011 THROUGH 03-31-2011

CUMULATIVE PERIOD BEGINNING 01-01-2011

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

FOR OFFICIAL USE ONLY

A

B

NAME OF LOBBYING FIRM:

Jordan Woods Investment Management Company

BUSINESS ADDRESS: (Number and Street)	(City)	(State)	(Zip Code)	TELEPHONE NUMBER:
152 Broad Street	New York	NY	10012	(212) 555-1234

MAILING ADDRESS: (If different than above)

PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

- ☒ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT OR
- ☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

Jordan E Woods

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. GRAND TOTAL PAYMENTS RECEIVED: \$ 300,000
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: \$ 0
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$ 0
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: \$ 0
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:
☒ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION?
☒ No ☐ Yes (Complete and attach Form 630)

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date) 04-25-2011	At (City and State) New York, NY	By (Signature of Responsible Officer) Jordan E Woods
Name of Responsible Officer (Type or Print) Note: This must be the same person listed as the Responsible Officer on the Form 601.		Title Owner

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars.
See instructions on reverse.)

Employer's Name, Address and Telephone Number Redrock Inc. (601) 555-5678 1725 Savannah Pl., Chicago, IL 60202				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) CalPERS: Investments CalSTRS: Investments				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 125,000	\$	\$	\$ 125,000	\$ 125,000
Employer's Name, Address and Telephone Number Investors Bank LLC (415) 555-4456 170 Wall Street, San Francisco, CA 94102				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) CalPERS: Investments CalSTRS: Investments				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 175,000	\$	\$	\$ 175,000	\$ 175,000
Employer's Name, Address and Telephone Number				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$	\$	\$	\$	\$
SUBTOTAL			\$300,000	

☐ If more space is needed, check box and attach continuation sheets.

PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES					
SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)					
1. ACTIVITY EXPENSES ARRANGED, INCURRED, OR PAID BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST)					
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity
			\$		\$
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets					TOTAL SECTION A.1. (Include all subtotals from Continuation Sheets)
					\$ 0
2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.					\$ 0
3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)					\$ 0

PART III - PAYMENTS MADE (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
		\$	\$
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.		TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 0

PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A
Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

Lobbyist Report - Form 615**LOBBYIST REPORT**
(Government Code Section 86113)

PAGE _____ OF _____

FORM 615
1990REPORT COVERS PERIOD FROM **01-01-2011** THROUGH **03-31-2011**

IMPORTANT: This report is to be completed by the lobbyist and attached to the Report of Lobbying Firm (Form 625) or Report of Lobbyist Employer/Report of Lobbying Coalition (Form 635), whichever is applicable.

TYPE OR PRINT IN INK

FOR OFFICIAL USE ONLY**A****B***For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.*

NAME: (Last) (First) (M.I.)

Woods**Jordan****E**

NAME OF FIRM, EMPLOYER, OR COALITION:

Jordan Woods Investment Management Company

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)

152 Broad Street**New York****NY****10012**

TELEPHONE NUMBER:

(**212**) **555-1234**

MAILING ADDRESS: (If different than above)

PART I - ACTIVITY EXPENSES PAID, INCURRED, ARRANGED OR PROVIDED BY THE LOBBYIST (See definitions and instructions on reverse.)☒ I have reviewed the form and instructions for reporting Activity Expenses and I have nothing to report.

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets**PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED** (See instructions on reverse.)

I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:

☐ Part II has been completed and is attached.☒ I have nothing to report.**VERIFICATION**

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

C**D****E****F**

EXECUTED ON (DATE)

04-25-2011

AT (CITY AND STATE)

New York, NY

BY (SIGNATURE OF LOBBYIST)

Must be signed by lobbyist.

Report of Lobbyist Employer - Form 635☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

PAGE _____ OF _____

OR

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

**FORM 635
1993****IMPORTANT:** Lobbying Coalitions must attach a completed Form 635-C to this Report.REPORT COVERS PERIOD FROM 01-01-2011 THROUGH 03-31-2011CUMULATIVE PERIOD BEGINNING 01-01-2011**TYPE OR PRINT IN INK***For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.***FOR OFFICIAL USE ONLY****A****B**

NAME OF FILER:

Investors Bank LLC

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

170 Wall Street**San Francisco****CA****94102**

TELEPHONE NUMBER:

(**415**) **555-4456****PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD**

(See instructions on reverse.)

CalPERS: Investments**CalSTRS: Investments**☐ If more space is needed, check box and attach continuation sheets.**SUMMARY OF PAYMENTS THIS PERIOD**A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1) \$ 5,000B. Total Payments to Lobbying Firms (Part III, Section B, Column 4) \$ 175,000C. Total Activity Expenses (Part III, Section C) \$ 0D. Total Other Payments to Influence (Part III, Section D) \$ 6,500GRAND TOTAL (A + B + C + D above) \$ 186,500E. Total Payments in Connection with PUC Activities (Part III, Section E) \$ 0F. Campaign Contributions: ☐ Part IV completed and attached ☒ No campaign contributions made this period**VERIFICATION****I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.****I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Executed on (Date)

04-25-2011

At (City and State)

San Francisco, CA

By (Signature of Employer or Responsible Officer)

May be signed by any Responsible Officer of the filer.

Name of Employer or Responsible Officer (Type or Print)

Signing Officer's Name

Title

Signing Officer's Title

PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT (See instructions on reverse.)

Name and Title	Name and Title
Dan Dobbins	

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 5,000	\$ 5,000

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
Jordan Woods Investment Mgmt. Co. 152 Broad St., New York, NY 10012	175,000			175,000	175,000

☐ If more space is needed, check box and attach continuation sheets.

TOTAL THIS PERIOD (Column 4)
Also enter the total of Column 4 on Line B of the Summary of Payments section on page 1.
\$ 175,000

NAME OF FILER: Investors Bank LLCPERIOD COVERED: 01-01-2011 - 03-31-2011**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.				TOTAL SECTION C (Activity Expenses) Also enter the total of Section C on Line C of the Summary of Payments section on page 1.

\$0

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION
☐ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0

2. OTHER PAYMENTS

\$ 6,500

TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.

\$6,500

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$0

PART IV – CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
	No need to complete this page if the box on Page 1 is checked that indicates there are no campaign contributions to report.		

☐ If more space is needed, check box and attach continuation sheets.

Lobbyist Report - Form 615**LOBBYIST REPORT**
(Government Code Section 86113)

PAGE _____ OF _____

REPORT COVERS PERIOD FROM **01-01-2011** THROUGH **03-31-2011****FORM 615**
1990**IMPORTANT:** This report is to be completed by the lobbyist and attached to the Report of Lobbying Firm (Form 625) or Report of Lobbyist Employer/Report of Lobbying Coalition (Form 635), whichever is applicable.**FOR OFFICIAL USE ONLY**

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A**B***For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.*

NAME: (Last) (First) (M.I.)

Dobbins**Dan**

NAME OF FIRM, EMPLOYER, OR COALITION:

Investors Bank LLC

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)

TELEPHONE NUMBER:

170 Wall Street**San Francisco****CA****94102****(415) 555-4456**

MAILING ADDRESS: (If different than above)

PART I - ACTIVITY EXPENSES PAID, INCURRED, ARRANGED OR PROVIDED BY THE LOBBYIST (See definitions and instructions on reverse.)☒ I have reviewed the form and instructions for reporting Activity Expenses and I have nothing to report.

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets**PART II - CAMPAIGN CONTRIBUTIONS MADE OR DELIVERED** (See instructions on reverse.)

I have reviewed the form and instructions for reporting Campaign Contributions Made or Delivered and:

☐ Part II has been completed and is attached.☒ I have nothing to report.**VERIFICATION****I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.****I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.****C****D****E****F**

EXECUTED ON (DATE)

AT (CITY AND STATE)

BY (SIGNATURE OF LOBBYIST)

04-25-2011**San Francisco, CA****Must be signed by lobbyist.**